was assessed by using the SF-36 questionnaire among the ID subjects and a randomly selected control group of subjects not suffering from ID (520 persons). **RESULTS:** The population surveyed was representative of the French population in terms of age, sex, and geographic living area. Patients suffering from ID were similar to the control group in terms of age, sex, and geographic living area. The annual prevalence of ID was estimated: 8.8%, IC 95% = [7.8%; 9.8%]. The SF-36 score of mental health was significantly lower in the ID population: 45.8 versus 48.0 in the control group ($p < 0,001$). The SF-36 score of physical health was not significantly different. **CONCLUSION:** The annual prevalence of inflammatory dermatitis is estimated at 9% in French adult population. People suffering from inflammatory dermatitis have a significant impact on the mental health dimension of quality of life but not on physical dimension.

PSN10

THE USE OF DISCRETE CHOICE ANALYSIS TO ASSIST WITH THE INTERPRETATION OF QUALITY OF LIFE SCORES

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OBJECTIVE: A common approach to the problem of interpreting the clinical implications of quality of life (QoL) scores is to utilize the concept of minimal important difference (MID). MID emphasises both the primacy of patient preferences and the relation between QoL scores and treatment change. The study purpose is to illustrate how discrete choice analysis (DCA) could be used to estimate the relation between QoL and patient preferences for treatment change. **METHODS:** A 28-item atopic dermatitis (AD) QoL instrument was applied to 102 subjects enrolled in a pivotal trial comparing two alternative AD treatments. Four QoL assessments were made over 12 months. Subjects were also asked to indicate the extent to which the disease was under control. Their responses were dichotomized into a variable, which indicated whether subjects were inclined to seek treatment change, or not. DCA was used to estimate the relation between probability of treatment change and QoL scores. **RESULTS:** QoL scores were found to be a statistically significant predictor of the probability that a subject would seek a treatment change ($p < 0.0001$ in each case). The sign on the QoL coefficient was in line with prior expectations. For both treatments, the probability that a subject would seek a treatment change declined over time (from 0.63 to 0.42 for active treatment; 0.63 to 0.57 for comparator). However, the probability for the new treatment under investigation was lower at the end of the trials than for the comparator. **CONCLUSIONS:** While our analysis is illustrative and exploratory, the results suggest that DCA offers a promising approach to the interpretation of QoL scores. By modeling the direct relation between QoL scores and a patient's desire for treatment change, the approach dispenses with the need for anchor measures, the interpretation of which is often unclear.

PSN11

THE WILLINGNESS-TO-PAY FOR PSORIASIS TREATMENT IN DENMARK

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OBJECTIVES: The objective of the analysis is to evaluate the willingness to pay for topical psoriasis treatment in Denmark. **METHODS:** A stated preference method—discrete choice experiment (DCE) was applied as a postal survey to 700 members of the Danish Psoriasis Association. The respondents were asked to choose between two hypothetical treatment options. The treatment options were described by six attributes: Number of products, frequency of application, visual effects, non-visual effects, three types of side effects and monthly cost. Through logistic regression it was possible to extract the willingness-to-pay of each attribute and for specific marketed treatment options (defined by these attributes). **RESULTS:** The survey had a high response rate (73%, or N = 510), and showed the highest willingness-to-pay for avoidance of two named side effects (irritated skin and thin skin) followed by visual effect of the treatment. After adjusting results of the logistic regression model for income, the willingness to pay for the best possible treatment option relative to the worst possible treatment option was DKK 4443 (=€597) per month. The willingness to pay for for a newly launched topical treatment option containing calcipotriol and bethamethasone (Daivobet) would thus be DKK 4043 (=€543) compared to an estimated monthly treatment cost of DKK 683 (=€92). Thus, the societal welfare gain of a month of Daivobet treatment is DKK 3360 (=€452). **CONCLUSION:** The survey showed high willingness to pay among a group of Danish psoriasis patients, especially for avoided side effects and effective treatment. For a single product (calcipotriol/bethamethasone (Daivobet)), the willingness-to-pay proved more than fourfold as high as the treatment cost.

PSN12

QUALITY-OF-LIFE IN PATIENTS SUFFERING FROM ATOPIC DERMATITIS IN GERMANY

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OBJECTIVES: Evaluating quality-of-life (QoL) of atopic dermatitis patients and parents of children with atopic dermatitis as well as patients' preferences during and after

a skin deterioration (flare). **METHODS:** Multi-centre, cross-sectional, prospective QoL study. Information including demographic and disease characteristics was collected with semi-structured patient questionnaire and by chart abstraction. Disease-specific instruments: PIQoL-AD (Parents Index Quality of Life—Atopic Dermatitis; score: 0–28 points) for parents of children up to 8 years, QoLIAD (Quality of Life Index Atopic Dermatitis; score: 0–25 points) for patients over 16 years. CDLQI (Children Dermatology Life Quality Index; score: 0–30 points) was used for patients aged 9–16 years. Higher scores indicate greater impairment of QoL. EQ-5D was used to assess preferences (utilities) of patients over 16 years. **RESULTS:** A total of 193 patients enrolled at 16 centers (10 office-based dermatologists, 4 office-based paediatricians, 1 outpatient unit of a dermatology hospital, 1 patient organization) sent back the questionnaires. Mean age (range): 23 years (1–71 years), 63% female. 27% of the patients had a mild, 38% a moderate and 35% a severe course of disease. Median duration of current flare: 12 days. Mean utility value during a flare was 0.69 (SD 0.26). After flare mean utility value rose up to 0.82 (SD 0.17). Atopic dermatitis-specific instruments (PIQoL-AD/QoLIAD) showed reductions in QoL during a flare in comparison to the period after flare: 10.2 (SD 7.3) vs. 6.4 (SD 6.1)/11.4 (SD 7.2) vs. 7.5 (SD 6.6). Patients aged 9–16 years (CDLQI) reported comparable impairment of QoL during (9.8, SD 3.8) and after a flare (9.6, SD 3.9). **CONCLUSIONS:** Patients' and parents' QoL is reduced considerably during a flare of atopic dermatitis. Health status (utility value) of patients during a flare is comparable to health status of patients with other chronic diseases like e.g. diabetes type II.

PSN13

COSTEFFECTIVENESS OF ALEFACEPT IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: To estimate the incremental costs and incremental health effects of replacing methotrexate (MTX) by alefacept (Amevive) in patients with moderate to severe psoriasis (PASI-score 10+). **METHODS:** A total of 36 patients with moderate to severe psoriasis were interviewed about quality of life and treatment costs. Disease severity was measured by PASI-score (Psoriasis Area and Severity Index) while quality of life was measured by a multiattribute utility instrument (15D) and a disease specific instrument (DLQI-N). Cost of psoriasis therapy during the past three months was estimated on the basis of patients' utilization reports and unit costs. A Markov model with 4 health states based on PASI-score (0, 1–9, 10–19, 20+), 12 weeks cycles and 2 years time horizon was developed. Transition probabilities were derived from published clinical trials (MTX and alefacept) and websites (alefacept), but no head-to-head trials were available. The benefit from psoriasis therapy was expressed in terms of QALYs, and sensitivity analyses were used to explore the robustness of the results. **RESULTS:** Quality of life was estimated at 0.94, 0.91, 0.88, and 0.77 in the four PASI-groups. Average 3 months psoriasis treatment costs were $384, $509, and $960 for patients with PASI-score 1–9, 10–19, 20+ respectively. In the base case, alefacept has higher costs and lower health benefit, and this result was fairly robust to a wide range of changes in the model parameters. Only when all parameters values were assumed as favourable as conceivable for alefacept and as unfavourable as conceivable for MTX, the cost per QALY came down to $76,400. **CONCLUSION:** Alefacept seems to represent greater costs and smaller health benefits than MTX in patients with moderate to severe psoriasis. There is an urgent need to confirm these results in head-to-head trials of MTX and alefacept.

PSN14

QUALITY OF LIFE IN PATIENTS SUFFERING FROM PSORIASIS VULGARIS IN GERMANY—A NON-INTERVENTIONAL SURVEY

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OBJECTIVE: To describe quality of life (QoL) and patients' preferences in psoriasis patients with current skin deterioration and 6 weeks later after subsequent therapy. **METHODS:** Prospective, multi-center, cross-sectional, quality of life study combined with a cost-of-illness study. Patients (over 17 years; with moderate and severe course of disease) were enrolled consecutively by 12 office-based dermatologists and by 5 outpatient departments in dermatology hospitals. Instruments: DLQI (Dermatology Life Quality Index; sum score: 0–30 points; 0 = no reductions in QoL), EQ-5D, semi-structured patient questionnaire. **RESULTS:** A total of 227 patients were enrolled. 197 sent back the quality of life questionnaire part A (within current skin deterioration) and 151 patients part B (6 weeks later). Mean age were 47 years, 55% were male. Mean DLQI score during the current skin deterioration accounted 9.3 (SD 6.8) and varied from 0 to 27 points; 6 weeks later DLQI score decreased to 6.8 (SD 5.2). The mean utility value was 0.79 (SD 0.18) at enrollment due to current skin deterioration and showed the same figure 6 weeks later (0.80, SD 0.17). DLQI score indicated greater reductions of QoL due to a current skin deterioration in patients with severe course of psoriasis (10.4, SD 7.1) than in patients with moderate form of psoriasis (8.4, SD 6.4). Mean DLQI score decreased from 9.1 (SD 6.8) to 7.0 (SD 5.7) in patients with topical treatment and/or phototherapy within 6 weeks. In patients treated with systemic medication additionally, mean DLQI score fell from 8.3 (SD 5.6) to 5.7 (SD 4.0). **CONCLUSIONS:** The considerable reduction in QoL due to a